

DCRT OVERTIME AUTHORIZATION/ATTENDANCE RECORD

HOURS AUTHORIZED _____ AUTHORIZED BY _____ DATE _____
RECOMMENDED BY _____

NAME	TIME IN	MEALS		TIME OUT	TOTAL HRS OT	EMPLOYEES / DATE SIGNATURE	REMARKS
		FROM	TO				

PROJECT TO BE PERFORMED _____

TIMEKEEPER SIGNATURE _____ DATE _____

SUPERVISOR SIGNATURE _____ DATE _____